INTRAPARTUM CARE

LABOUR (POSSIBLE / EARLY) AT TERM: MFAU QUICK REFERENCE

Keywords: MFAU, maternal fetal assessment unit, early labour, spurious labour, possible labour, QRG, labour assessment, first stage of labour, contractions, midwife triage, abdominal palpation

CRITERIA FOR REFERRAL

- Women at term admitted with possible early labour and no history of spontaneous rupture of membranes.

ASSESSMENT

1. The triage midwife shall initially assess the woman. If any of the following are present, transfer the woman immediately to the Labour and Birth Suite:
   - regular contractions lasting longer than 30 seconds and/or
   - frequency of regular contractions are more than 1 in 5 - 10 minutes and / or
   - if the woman is requesting pain relief.
2. Commence documentation on the Maternal Fetal Assessment Admission form (MR225).
3. Check and record the maternal vital signs—respiratory rate, oxygen saturations, heart rate, blood pressure, temperature and conscious state.
4. Confirm the presence of fetal movements and auscultate the fetal heart rate (FHR).
   See Clinical Guideline Fetal Heart rate Monitoring: Intrapartum to determine whether a CTG is indicated.
5. Perform a urinalysis. Send a mid-stream urine (MSU) for microscopy and culture if a urinary tract infection is suspected.
6. Perform an abdominal palpation.¹ Note the:
   - symphysis fundal height
   - lie
   - presentation
   - level of the presenting part above the pelvic brim
   - presence of uterine tenderness, irritability / activity.
7. Document the strength, frequency and duration of contractions.
8. Assess whether there are any antenatal risk factors present. Confirm gestational age, past history, medications, pregnancy complications, investigation results (e.g. GBS status, infectious disease screen, blood group, Hb).¹ Notify the Obstetric Registrar, or above, to review the woman if any of the following are present:
   - increased blood pressure
   - history of an antepartum haemorrhage
   - more than one attendance with reduced fetal movements
   - intrauterine growth restriction
   - significant maternal or fetal condition
• repeated presentations with no cervical change

9. Perform a vaginal examination if clinically indicated (with the woman’s consent), unless contraindicated by antepartum haemorrhage or ruptured membranes not in labour.¹

10. Follow the flow chart for Assessment of Women in Possible Early Labour (Page 3)

11. If the woman goes home advise her to return to hospital if:
   • frequency or duration of contractions increase
   • pain relief is required
   • membranes rupture
   • bright vaginal bleeding
   • reduced fetal movements.

12. Follow the Flow Chart for Management of Women at Term in Possible Early Labour (next page).
FLOW CHART OF WOMAN AT TERM IN POSSIBLE EARLY LABOUR

The triage midwife in MFAU initially assesses the woman. Women who appear to be in established labour should be transferred immediately to the Labour and Birth suite.

Initial Assessment by MFAU midwife

Indication for presentation
- Contractions
- Vaginal loss
- Spontaneous ROM
- Other e.g. pain

History
- Verbal
- Pregnancy Health Record
- Obstetric
- Gynaecological
- Medical/ Surgical
- Psychosocial, cultural, spiritual

Physical Assessment
- Maternal vital signs
- Nutritional and hydration status
- General appearance
- Falls and PI risk assessment
- Abdominal assessment: lie, presentation, position, engagement
- Contractions: duration, strength, frequency
- FHR auscultation: perform a CTG if indicated
- Vaginal loss: nil, show, liquor, blood
- Perform a vaginal examination if indicated
- Discomfort and pain

Documentation
- Date, time reason for presentation
- Assessment
- Communication, advice, management plan

Obstetric Registrar (or above) review

Risk factors identified

Triage stage of labour

Not in labour: discharge home
Give advice when to return and / or be reviewed by the usual healthcare provider

First or second stage of labour: transfer to the LBS
### REFERENCES / STANDARDS

### National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
Legislation - Nil
Related Policies - Nil

Other related documents –
- Maternal Fetal Assessment Admission (MR225)

### RESPONSIBILITY
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<tr>
<th>Policy Sponsor</th>
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